

Date Received
Application No.
Parcel Id.

Name of City or Town

LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR _____ APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

Return to: **Board of Assessors**

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Telephone Number _____ Marital Status _____

Were you 60 years or older on January 1, _____? Yes ☐ No ☐

If yes and first year of application, please attach copy of birth certificate.

Legal residence (domicile) on January 1, _____

No. Street City/Town Zip Code
Mailing address (if different) _____

No. Street City/Town Zip Code
Location of property: _____ No. of dwelling units: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other _____

Did you own the property on January 1, _____? Yes ☐ No ☐

If yes, were you: Sole owner ☐ Co-owner with spouse only ☐ Co-owner with others ☐

Was the property subject to a trust as of January 1, _____? Yes ☐ No ☐

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes ☐ No ☐

If yes, name of city or town _____ Type of exemption _____

B. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, the application and all accompanying documents and statements are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE.
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

C. HOUSEHOLD MEMBERS. List all members of your household on January 1 and provide requested information. Please list any members who are 18 and older and not full time students last. Documentation may be requested to verify information provided.

	Full Name (First, Middle, Last)	Relationship to Applicant	Age as of 1/1	Occupation or School Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Continue list on attachment, in same format, as necessary.

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING PRECEDING CALENDAR YEAR. List total medical expenses incurred by all household members during calendar year before January 1 that were not paid by or reimbursed by employer, public or private health insurance or other third party. Includes amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

TYPE OF EXPENSE	Total Out of Pocket for Preceding Calendar Year
Health insurance premiums	\$ _____
Doctors	\$ _____
Hospitals	\$ _____
Diagnostic tests	\$ _____
Prescription drugs	\$ _____
Medical equipment	\$ _____
Other	\$ _____
TOTAL OUT OF POCKET	\$ _____

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR. List income received from all sources for each member of household 18 and older and not full time student during calendar year before January 1. Please list members in same order as shown in Schedule C above. Copies of federal and state income tax returns may be requested to verify income reported for each household member.

	Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name
TYPE OF INCOME				
Wages, salaries, other compensation	\$	\$	\$	\$
Social Security				
Other pension/retirement benefits				
Interest/dividends				
Rental income				
Net profits from business or profession				
Capital gains				
Alimony				
Child support				
Public assistance				
Unemployment compensation				
Disability compensation				
Other (specify):				
TOTAL GROSS INCOME - MEMBERS	\$	\$	\$	\$
TOTAL GROSS INCOME - HOUSEHOLD				\$

Continue list on attachment, in same format, as necessary.

F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of all co-owners of the property as of January 1, ____? Yes ☐ No ☐

If no, a Schedule C, D and E must be attached for each co-owner not included.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Age ☐

Ownership ☐

Occupancy ☐

Applicant's Gross Income

\$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Applicant's CPA Income \$ _____

Co-owner 1 Gross Income

\$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 1 CPA Income \$ _____

Co-owner 2 Gross Income

\$ _____

Dependent Deduction \$ _____

Medical Deduction \$ _____

Co-owner 2 CPA Income \$ _____

GRANTED ☐

DENIED ☐

Assessed surcharge

\$ _____

Exempted surcharge \$ _____

Adjusted surcharge

\$ _____

BOARD OF ASSESSORS

Date voted _____

Certificate number _____

Date certificate/Notice sent _____

Date:

COMMUNITY PRESERVATION SURCHARGE
LOW/MODERATE INCOME EXEMPTION

Exemption Eligibility Requirements:

The Low/Moderate Income Exemption applies only to Residential property.

Applicant must own and occupy the property as of January 1.

Applicant may be (1) sole owner, (2) co-owner, (3) life tenant or (4) trustee with sufficient beneficial interest in property under terms of trust. All co-owners do not have to occupy the property. However, each owner must meet the Annual Household Income standard. For properties subject to a trust, each co-trustee must also meet the income standard.

Applicant must provide proof of age to determine whether under or over age 60.

Applicant must provide proof of Annual Household Gross Income from all sources from all household members who are 18 or older and not full time students during calendar year.

Includes: wages, salaries and bonuses, public and private pensions, retirement income, Social Security, alimony, child support, interest and dividend income, net income from business, public assistance, disability and unemployment insurance, regular contributions/gifts from party outside the household.

Applicant must provide proof of number of dependents.

Determination of Eligibility of Applicant's (Net) Annual Household Income

Step 1. Determine Annual Household Gross Income.

Step 2. Deduct allowance for Dependents.

- . Number of dependents on January 1 (not including spouse) x \$ DCHD allowance (Currently \$300 per dependent).

Step 3. Deduct certain Medical Expenses. [must be documented]

- . Total out-of-pocket expenses of all household members for calendar year exceeding 3% of Annual Household Gross Income.
- . Out-of-pocket medical expenses include: health insurance premiums, payments to doctors, hospitals and other health care providers, diagnostic tests, prescription drugs, medical equipment or other expenses not paid or reimbursed by employers, public/private insurers or other third parties.

Following the steps above, the result determines the (Net) Annual Household Income to be applied for the CPA Low/Moderate Income Exemption. This amount *cannot exceed the Annual Income Limit for Household type and size as determined by the Housing Urban Department (HUD).*

**LOW & MODERATE INCOME EXEMPTION FROM COMMUNITY PRESERVATION SURCHARGE
BASED UPON AREA WIDE MEDIAN INCOME PUBLISHED ANNUALLY BY HUD INCOME LIMITS
ARE FOR FY YEAR 2016 ESTABLISHED AS OF 1/1/2015
MEDIAN INCOME = \$95,600**

MODERATE INCOME FOR SENIORS (60 OR OVER)	
(LIMITS ARE ADJUSTED FOR HOUSEHOLD SIZE)	
HOUSEHOLD	INCOME LIMITS
SIZE (#PERSONS)	
1	\$66,950
2	\$77,300
3	\$86,000
4	\$95,600
5	\$103,250
6	\$110,900
7	\$118,600
8	\$126,200

LOW INCOME FOR NON SENIORS (UNDER 60)	
(LIMITS ARE ADJUSTED FOR HOUSEHOLD SIZE)	
1	\$53,550
2	\$61,150
3	\$68,850
4	\$76,500
5	\$82,600
6	\$88,700
7	\$94,800
8	\$101,000

NOTE THAT THE NUMBERS ARE FOR FY 2016 ONLY AND ARE SUBJECT TO CHANGE ANNUALLY. ALSO, APPLICATION MUST BE MADE EACH YEAR TO THE BOARD OF ASSESSORS AND SHALL INCLUDE HOUSEHOLD GROSS INCOME WITH A DEDUCTION ALLOWANCE FOR DEPENDENTS AND MEDICAL EXPENSES.